

ICS Compatible Site Safety and Health Plan 4 September 2017 Hurricane Harvey ESF-10 Response

Incident Commander, USCG

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED?
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X		Y
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		Y
Site Map	C	Post-emergency phase map of site and hazards	X		Y
Emergency Response Plan	D	Part of Form B, to address emergencies	X		Y
Air Monitoring Log	E	To log air monitoring data	X*		N
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		Y
Decontamination	G	To document decon equipment and procedures	X*		Y
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	Y
Worker Acknowledgement Form	I	To document workers receiving briefings		X	Y
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	N
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	N
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	N
Other:					
SSP-Attach 1: Hydrocarbon/Benzene		SSP-Attach 7: Helicopter Safety		SSP-Attach 13: Floodwater Health Risks	
SSP-Attach 2: Hydrogen Sulfide		SSP-Attach 8: Small Boat Safety		SSP-Attach 14: Behavioral Health	
SSP-Attach 3: Toxic Exposure		SSP-Attach 9: Vehicle Operations			
SSP-Attach 4: Heat Stress		SSP-Attach 10: Insects Hazards			
SSP-Attach 5: Venomous Snakes		SSP-Attach 11: Animal Hazards			
SSP-Attach 6: Safety Briefings		SSP-Attach 12: Maintaining Water Quality			

** Required only if function or equipment is used during a response*

EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name Hurricane Harvey ESF-10 Response		2. Date/Time Prepared 4Sep2017		3. Operational Period 0700-1900		4. Attachments: Attach SDS for each Chemical								
5. Organization IC: CDR Tedd Hutley	Safety: Mr. E Primeau (609-351-7148) Group Supv: N/A		Entry Team: N/A		Backup Team: N/A		Decon Team: N/A								
6. <u>Physical Hazards and Protection</u>	Confined Space <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify) Infectious agents in standing water														
Major Tasks	Entry Permit	Ventilate	Hearing Protection*	Shoes (type)	Hard Hats	Clothing* (Chem)	Life Jacket*	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	5 GAS**	Flash Protect	Work Gloves	Other
Oil Discharge Assessment Team	NA	Natural	As needed	Safety Shoes	Yes	NA	PFD as needed	14/10	1 cup /15-20 min	NA	NA	Yes	NA	Yes	
Oil/Vessel Discharge Recovery Team	NA	Natural	As needed	Safety Shoes	Yes	As needed	PFD as needed	14/10	1 cup /15-20 min	NA	NA	Yes	NA	Yes	
Air Operations Team	NA	Natural	Ear Plugs	Safety Shoes	Yes	NA	PFD over water	14/10	1 cup /15-20 min	NA	NA	NA	NA	Yes	
Hazard Evaluations Team	NA	Natural	As needed	Safety Shoes	Yes	NA	PFD as needed	14/10	1 cup /15-20 min	NA	NA	Yes	NA	Yes	
7. Chemicals	Hazards		Target Organs		Exposure Routes		PPE		Type of PPE						
Hazardous Materials/Waste	Explosive <input checked="" type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Nose <input type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>							
	Flammable <input checked="" type="checkbox"/>	Carcinogen <input checked="" type="checkbox"/>	Central Nervous System <input checked="" type="checkbox"/>				Absorption <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Safety Glasses or Goggles						
	Reactive <input type="checkbox"/>	Oxidizer <input checked="" type="checkbox"/>	Respiratory <input checked="" type="checkbox"/>	Throat <input checked="" type="checkbox"/>	Lungs <input checked="" type="checkbox"/>	Ingestion <input type="checkbox"/>	Gloves <input type="checkbox"/>	Chemical Protective Gloves							
	Biomedical <input type="checkbox"/>	Corrosive <input checked="" type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Kidney <input type="checkbox"/>	Injection <input type="checkbox"/>	Inner Suit <input type="checkbox"/>								
	Toxic <input checked="" type="checkbox"/>	Specify Other: Combustible	Blood <input type="checkbox"/>	Lungs <input type="checkbox"/>	Circulatory <input type="checkbox"/>	Membrane <input checked="" type="checkbox"/>	Splash Suit <input checked="" type="checkbox"/>	Tyvek (if needed)							
			Gastrointestinal <input checked="" type="checkbox"/>	Bone <input type="checkbox"/>	Other:		Level A Suit <input type="checkbox"/>								
							SCBA <input type="checkbox"/>								
						SAR <input type="checkbox"/>									
						Cartridges <input type="checkbox"/>									
						Fire Resistance <input type="checkbox"/>									
8. <u>Instruments</u>	Action Levels 19.5-23.5%	Chemical Name:	LEL/UEL %	Odor Thresh Ppm	Ceiling/ IDLH	TLV	Flash Point/ Ignition Pt (F or C)	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point F or C				
O2 <input checked="" type="checkbox"/>	10% LEL														
CGI <input checked="" type="checkbox"/>	1 mrem/hr														
Radiation <input checked="" type="checkbox"/>	5 ppm														
Total HCs <input type="checkbox"/>															
Colorimetric <input type="checkbox"/>															
Thermal <input type="checkbox"/>															
Other <input checked="" type="checkbox"/>	pH <5, >10														

10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North

See IAP for current Site Map.

Additional Safety Instructions:

Tailgate safety briefs and Operational Risk Assessment (GAR) or Hazard Risk Analysis shall be conducted by DGS prior to the operations.

Respond in teams, ie. Use the buddy system.

Responder duty time shall not exceed 14 hrs (including driving time) providing 10 hours rest within a 24 hr period. Provide rest breaks throughout a work shift to address fatigue, PPE limitations, and/or temperature extremes.

*PPE needs to be worn based on the work location within the Branch and the operations being performed.

**5 Gas Meter recommended due to the potential of oil/water mixture being pumped into storm sewers, household hazardous materials, etc. The action level for VOCs is 5 ppm for unknowns and half the TLV for known chemicals.

11. <u>Decontamination</u> : Instrument Drop Off <input checked="" type="checkbox"/> Outer Boots/Glove Removal <input checked="" type="checkbox"/> Suit/Gloves/Boot Disposal <input checked="" type="checkbox"/> Specify: Soap	Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/>	Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input checked="" type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify: Wash any exposed skin with soap and water when in contact with hazardous waste product
--	---	--	--	---

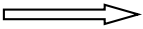
12. <u>Potential Emergencies</u> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other <input type="checkbox"/> Injuries	Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other:	Emergency Prevention and Evacuation Procedures: Personnel should ensure they are out of the way of responding emergency vehicles. Safe Distance: 500 feet or unless directed otherwise.
--	--	--

13. <u>Communications</u> : Radio? <input type="checkbox"/> Phone? <input checked="" type="checkbox"/>	Command #:	Planning #:	Operations #:
--	------------	-------------	---------------

14. <u>Site Security</u> Personnel Assigned None	Procedures:	Equipment: None
--	-------------	-----------------

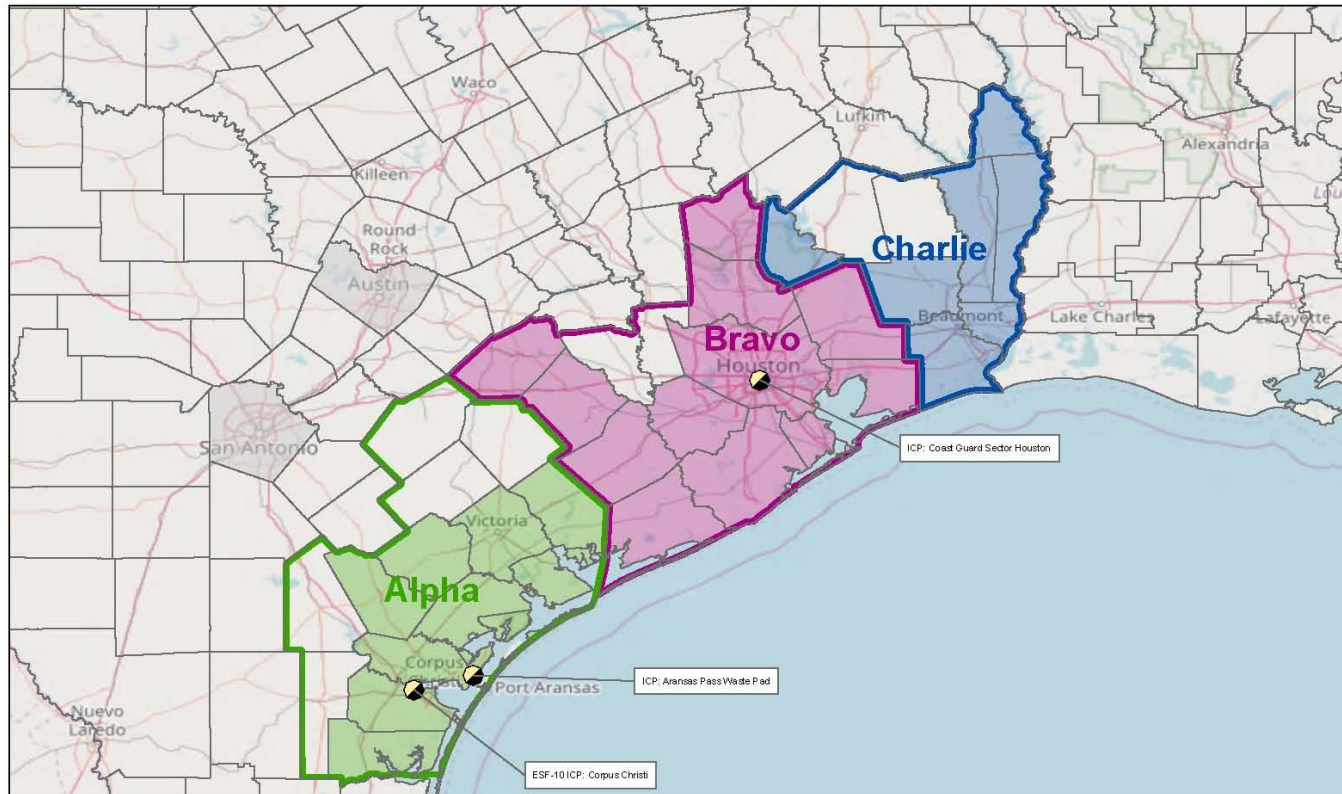
15. <u>Emergency Medical</u> Personnel Assigned None	Procedures: See ICS 206 Medical Plan. Call 911 when emergency medical care is required.	Equipment: None
--	---	-----------------

16. <u>Prepared By</u> : E Primeau	17. <u>Date/Time Updated</u> : 4 Sep 2017	Form SSP-A: Page 2 of 2
---------------------------------------	---	-----------------------------------

CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 31Aug2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact Mr. E Primeau (609-351-7148)
5. Supervisor/Leader	6. Location and Size of Site Branch A, B, C	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. Attachments: Attach SDS for each Chemical
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE
Oil Discharge Assessment Teams	Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, debris, sharp objects (glass, nails, syringes), contact with potential fuel and oil contaminated water, asbestos from damaged insulation, unstable structures	Short-term injury such as sprains and strains, contact dermatitis, lacerations and puncture wounds. Major accidents such as vehicular accidents may cause long-term damage requiring hospitalization. Heat exhaustion to heat stroke.	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Conduct Operational Risk Management prior to operations. Utilize proper PPE for your site operations including: PFD's, steel toe shoes, work gloves, hard hats, earplugs, and safety glasses. Utilize rain gear when required, ensure proper footing, and drink plenty of fluids and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Use 5 gas meters when needed
Oil/Vessel Discharge Recovery Teams	Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, debris, sharp objects (glass, nails, syringes), contact with potential fuel and oil contaminated water, asbestos from damaged insulation, unstable structures	Short-term injury such as sprains and strains, contact dermatitis, lacerations and puncture wounds. Major accidents such as vehicular accidents may cause long-term damage requiring hospitalization. Heat exhaustion to heat stroke	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Conduct Operational Risk Management prior to operations. Utilize proper PPE for your site operations including: PFD's, steel toe shoes, work gloves, hard hats, earplugs, safety glasses and coveralls. Utilize rain gear when required, ensure proper footing, and drink plenty of fluids to maintain hydration and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Use 5 gas meters when needed.
Air Operations Team	Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, hazardous noise	Short-term injury such as sprains and strains, Lacerations and puncture wounds. Major accidents such as vehicular accidents may cause long-term damage requiring hospitalization. Heat exhaustion to heat stroke. Hearing loss.	Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Conduct Operational Risk Management prior to operations. Utilize proper PPE for your site operations including: PFD's, steel toe shoes, work gloves, earplugs, safety glasses and coveralls. Utilize rain gear when required, ensure proper footing, and drink plenty of fluids to maintain hydration and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Safety brief from aircrew.
Hazard Evaluations Team	Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, debris, contact with potential hazardous material being contained or mitigated.	Short-term injury such as sprains and strains, contact dermatitis, lacerations and puncture wounds. Major accidents such a vehicular accidents may cause long-term damage requiring hospitalization Heat stroke and acute exposure to toxics.	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Conduct Operational Risk Management prior to operations. Utilize proper PPE for the chemical or unknown chemical. Ensure proper footing, and drink plenty of fluids to maintain hydration and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Use entry monitoring instruments. Stay upwind of the unknowns. Use PFD on or near water.
11. Prepared By: E Primeau	12. Date/Time Updated: 4 Sep 2017	* HAZARD LIST : Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		Form SSP-B: Page 1 of 1

CG ICS SSP: SITE MAP	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 4 Sep 2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact) Mr. E Primeau (609-351-7148)
5. Supervisor/Leader	6. Location and Size of Site Branch A, B, C	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. <u>Include</u> : <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> - Work Zones - Security Perimeter - Decontamination Line <ul style="list-style-type: none"> - Locations of Hazards - Places of Refuge - Evacuation Routes </div>

10. Sketch of Site:



Legend <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">●</div> Incident Command Post (ICP)/ Staging Area </div> <div style="display: flex; align-items: center;"> <div style="border: 2px solid green; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> Alpha </div> <div style="display: flex; align-items: center;"> <div style="border: 2px solid pink; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> Bravo </div> <div style="display: flex; align-items: center;"> <div style="border: 2px solid blue; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> Charlie </div>	Federally Declared Counties <div style="display: flex; align-items: center;"> <div style="background-color: #90EE90; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> in Alpha </div> <div style="display: flex; align-items: center;"> <div style="background-color: #FFB6C1; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> in Bravo </div> <div style="display: flex; align-items: center;"> <div style="background-color: #ADD8E6; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> in Charlie </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid gray; width: 20px; height: 10px; display: inline-block; margin-right: 5px;"></div> County Boundary </div>	USA EPA REGION 6 Overview Map Alpha, Bravo, Charlie	 0 25 50 Miles For Official Use Only Printed via Web EPA GIS Printed: 12:07:12 PM 9/3/2017
--	---	--	--

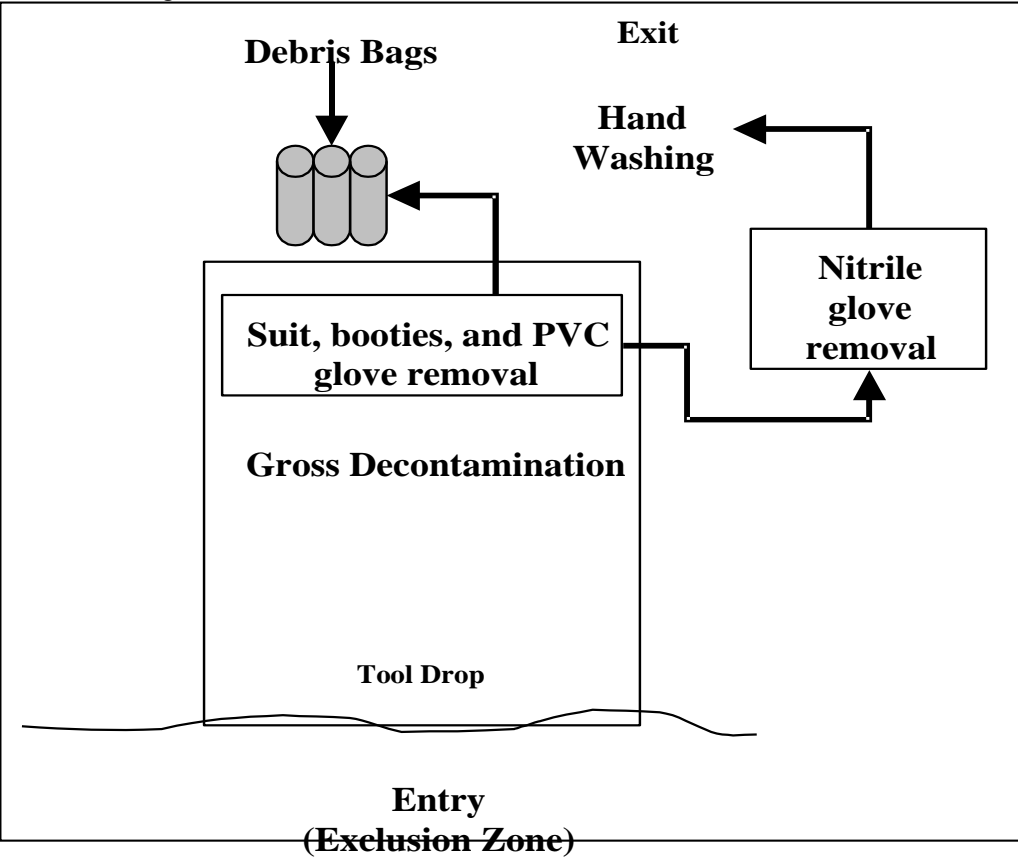
FILE: C:\Incidents\Harvey\mod20170903\TC EQ Overview Map PageSize.mxd 12:07:12 PM 9/3/2017 paynd

11. Prepared By: E Primeau	12. Date/Time Updated: 4 Sep 2017	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving	Form SSP-C: Page 1 of 1
-------------------------------	--------------------------------------	---	-----------------------------------

CG ICS SSP: EMERGENCY RESPONSE PLAN		1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 31Aug2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact) E. Primeau (347-515-6431)
5. Supervisor/Leader	6. Location and Size of Site Branch A, B, C	7. For Emergencies Contact: 911			8. Attachments: INCLUDE ICS FORM 206
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:		
Facility Alarm	3 Long blasts = exit area immediately Short repeated blast = shelter in place	None	None		
13. Emergency Notification Procedures		14. Places of Refuge		15. Emergency Decon and Evacuation Steps	16. Site Security Measures
<p>Call 911 to Fire and EMS response</p> <p>Once the emergency is stabilized then contact the Situation Unit (617-308-0413)</p> <p>Safety will contact your unit Medical to initiate notification in the event of a injury involving a Coast Guard individual.</p> <p>Safety will contact the responsible supervisor in the event of a mishap to start the online mishap reporting.</p> <p>For civilian injuries /illnesses Safety will contact the individual's organizations Human Resources Office.</p>		<p>Each branch will determine the place of safe refuge for their location and indicated on their emergency evacuation plan.</p> <p>Safe distance should be 500 feet if attainable.</p>		No decontamination except for affected facilities.	Oil/Petroleum Facility Security
17. Prepared By: E Primeau	18. Date/Time Updated: 4Sep2017	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving			Form SSP-D: Page 1 of 1

CG ICS SSP: AIR MONITORING LOG	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared: 31Aug2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact) E. Primeau (609-351-7148)	
5. Site Location	6. Hazards of Concern Hazardous Materials/Waste	7. Action Levels (include references): VOC 5 ppm (50 ppm EPA AEGL 1 for benzene for 60 min).		8. <u>Weather</u> : Temperature: 0 F Precipitation: 0 Wind: 0 Relative Humidity: 0 % Cloud Cover: 0 %	
9. Instrument, ID Number Calibrated? Indicate below.	Monitoring Person Name(s)	Results (units)	Location	Time	Interferences and Comments
10. Safety Officer Review: E Primeau	<u>Potential Health Effects</u> : Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning			Form SSP-E: Page X of X	

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 4Sep2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact) Mr. E Primeau (347-515-6431)	
5. Supervisor/Leader	6. Location and Size of Site Branch A, B, C	7. Hazards Addressed: Hazmat		8. For Emergencies Contact: 911	
9. Equipment:				10. References Consulted:	
Safety Glasses	Steel Toe Shoes	Hard Hats	Work Gloves	CIM 5000.3B	
Ear Plugs	Nitrile Gloves	Coveralls	Personal Floatation device	CIM 10470.10F	
Sun Screen	Insect Repellant			NSF SOP	
11. Inspection Procedures: Inspect gloves, PFDs, hard hats, before and after use. Inspect for defects of the equipment <ul style="list-style-type: none"> - Rips - Tears - Worn surfaces - Punctures - Scratches - Soiling Exposed skin should be protected from contact with fuel and oil Follow manufacturer's instructions for chemical protective suits		12. Donning Procedures: Ear Plugs – worn when you are exposed to hazardous noise. You are in hazardous noise when you have to raise your voice to speak to someone next to you. Safety Glasses – wear when working with or around liquids that could splash into your face. Hard Hat – wear while in the field to protect against falls objects Steel Toe Shoes – Wear in the field to protect your feet from crushing objects. Nitrile Gloves – Wear when you need to come in contact with water or oil (ie. Sampling). Work Gloves – wear to protect hands. PFD to be worn in the field when you are working on or near the water (5 ft). Any time you may be close enough to fall into the water. Chemical Suits – follow manufacturer's instructions		13. Doffing Procedures: Remove contaminated clothing so that you do not contaminate yourself or cross contaminate other articles. Wash all exposed skin after you remove contaminated articles. See decontamination plan for general guidance on an expedient decontamination setup. <hr/> Level A – C clothing requires technical decon for removal.	14. Limitations and Precautions (include maximum stay time in PPE): Ear Plugs – only reduce the noise level by around 20 decibels. Maintaining a distance away from the source will also reduce exposure. Safety Glasses – will not protect from a deluge splash or objects that may be coming from the sides. Hard Hats – protects from small objects and bumps from equipment. Steel Toe Shoes – does not protect from sharp objects coming through the sole of the shoe. PFD – only effective when they are secured. Nitrile Gloves – will not protect from all chemicals. Work Gloves – will not protect from extremely sharp objects, chemicals, or hat surfaces.
15. Prepared By: E Primeau	16. Date/Time Updated: 4Sep2017	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		Form SSP-F: Page 1 of 1	

CG ICS SSP: DECONTAMINATION	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 31Aug2017	3. Operational Period 0700-1900	4. Safety Officer (include method of contact) Mr. E Primeau (347-5156431)
5. Supervisor/Leader	6. Location and Size of Site Branch A, B, C	7. For Emergencies Contact: 911		8. Hazard(s) Addressed: Hazardous Waste
9. Equipment:				10. References Consulted:
11. Contamination Avoidance Practices: <ol style="list-style-type: none"> 1. Wear all proper PPE 2. Replace damaged PPE 3. Proper decontamination 4. Minimize the spread of contamination 5. Replace sorbent pads periodically and/or when soiled 	12. Decon Diagram  <pre> graph TD Entry["Entry (Exclusion Zone)"] --> Gross["Gross Decontamination Suit, booties, and PVC glove removal Tool Drop"] Gross --> Debris["Debris Bags"] Gross --> Nitrile["Nitrile glove removal"] Nitrile --> Hand["Hand Washing"] Hand --> Exit["Exit"] </pre>			13. Decon Steps <ol style="list-style-type: none"> 1. Roll down protective suit 2. Dispose of suit 3. Remove protective booties 4. Remove outer protective gloves 5. Dispose of outer gloves 6. Remove safety glasses 7. Decontaminate glasses 8. Remove inner gloves 9. Dispose of inner gloves 10. Wash hands and face
14. Prepared By: E Primeau	15. Date/Time Updated: 4Sep2017	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		Form SSP-G: Page 1 of 1

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name Hurricane Harvey ESF-10 Response	2. Date/Time Prepared 31Aug2017	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) Mr. E Primeau (609-351-7148)	
5. Supervisor/Leader	6. For Emergencies Contact: 911			7. Attachments:	
8. Job Task/Activity	Hazards	Deficiency	Action Taken	Safety Plan Amended?	Signature of Supervisor/Leader
9. Prepared By: E Primeau	10. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving			Form SSP-H: Page X of X

[illegible]